



# North Dakota Medicaid

## Trading Partner Agreement Companion Guide

### 276 Health Care Claim Status Request -- ANSI X12 4010A1

Rev. 10-2003

The Health Insurance Portability and Accountability Act (HIPAA) requires that as covered entities, health insurance payers abide by the Electronic Data Interchange (EDI) standards for health care as instituted by the Secretary of Health and Human Services. The ANSI X12N Implementation Guides have been established as the standards of compliance for electronic transactions. This document is intended to serve only as a companion document to the HIPAA ANSI X12N 276 4010A1 implementation guides. The use of this document is solely for the purpose of clarification. This companion document supplements, but does not contradict any requirements in the X12N 276 Health Care Claim Status Request 4010 Addenda implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, and will be posted as they become available. Items within this document apply to North Dakota Medicaid. The information in this document is subject to change.

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
		ISA	Interchange Control Header	ISA05	Interchange ID Qualifier	2	Enter the value 'ZZ', mutually defined.
		ISA	Interchange Control Header	ISA06	Interchange Sender ID	15	Enter 'NDDHSMED'
		ISA	Interchange Control Header	ISA07	Interchange ID Qualifier	2	Enter the value 'ZZ', mutually defined.
		ISA	Interchange Control Header	ISA08	Interchange Receiver ID	15	Enter the nine-digit vendor number assigned by North Dakota Department of Human Services.
		ISA	Interchange Control Header	ISA16	Component Element Separator	1	North Dakota Medicaid prefers '>' as the Composite Element Separator; '*' as the Element Separator; and '~' as the Segment Terminator
		GS	Functional Group Header	GS02	Application sender's code	15	Enter the same value as ISA06, 'NDDHSMED'
		GS	Functional Group Header	GS03	Application receiver's code	15	Enter the same value as ISA08, the nine-digit vendor number assigned by the North Dakota Department of Human Services.
		GS	Functional Group Header	GS08	Version / release / industry identifier code	12	Enter the value '004010X093A1', the HIPAA mandated implementation guide release for this transaction.
	Header	ST	Transaction Set Header	ST01	Transaction Set Identifier Code	3	'276'
2000D	Subscriber Level	DMG	Subscriber Demographic Information	DMG02	Date Time Period	35	CCYYMMDD
2000D	Subscriber Level	DMG	Subscriber Demographic Information	DMG03	Gender Code	1	'M' OR 'F' OR 'U' (Unknown)
2100A	Payer Name	NM1	Payer Name	NM102	Entity Type Qualifier	1	'2' = Non-Person Entity
2100A	Information Source Name	NM1	Information Source Name	NM103	Name Last or Organization Name	35	'Medicaid', 'HCBC', 'CSHS', 'BCAP', 'DD'
2100A	Payer Name	NM1	Payer Name	NM108	Identification Code Qualifier	2	'FI' - Federal Taxpayer's Identification Number
2100A	Payer Name	NM1	Payer Name	NM109	Identification Code	80	'45-0431266' - Federal Taxpayer's Identification Number
2100B	Information Receiver Name	NM1	Information Receiver Name	NM101	Entity Identifier Code	3	'41' - Submitter
2100B	Information Receiver Name	NM1	Information Receiver Name	NM102	Entity Type Qualifier	1	'1' (person) or '2' (non-person)
2100B	Information Receiver Name	NM1	Information Receiver Name	NM108	Identification Code Qualifier	2	'FI' - Federal Taxpayer's Identification Number
2100B	Information Receiver Name	NM1	Information Receiver Name	NM109	Identification Code	80	Federal Taxpayer's Identification Number
2100C	Provider Name	NM1	Service Provider Name	NM101	Entity Identifier Code	3	'1P' - Provider
2100C	Provider Name	NM1	Service Provider Name	NM102	Entity Type Qualifier	1	'1' (person) or '2' (non-person)

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2100C	Provider Name	NM1	Service Provider Name	NM103	Name Last or Organization Name	35	Provider Organization or Last Name
2100C	Provider Name	NM1	Service Provider Name	NM109	Identification Code	80	North Dakota Medicaid Provider Number
2100D	Subscriber Name	NM1	Service Provider Name	NM108	Identification Code Qualifier	2	'M' - Member Identification Number
2100D	Subscriber Name	NM1	Service Provider Name	NM109	Identification Code	80	North Dakota Medicaid Recipient Number
2200D	Claim Submitter Trace Number	REF	Payer Claim Identification Number	REF02	Reference Identification	30	This will be the ICN of the paid claim if known. This <b>must</b> the 15-digit ICN, which includes the century (ex. 102003001300000) REF01 = '1K'